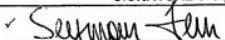


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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/706,100
	Filing Date	November 12, 2003
	First Named Inventor	Fein, Seymour, H.
	Art Unit	1655
	Examiner Name	Tate
	Attorney Docket Number	SER-000 (New)

I hereby revoke all previous powers of attorney given in the above-identified application.																						
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 051414																						
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> The address associated with Customer Number: 051414 </div>																						
OR <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Firm or Individual Name:</td> <td colspan="3"></td> </tr> <tr> <td>Address:</td> <td colspan="3"></td> </tr> <tr> <td>City:</td> <td colspan="3"></td> </tr> <tr> <td>Country:</td> <td style="width: 15%;">State:</td> <td style="width: 15%;">Zip:</td> <td style="width: 15%;"></td> </tr> <tr> <td>Telephone:</td> <td colspan="2">Email:</td> <td></td> </tr> </table>			Firm or Individual Name:				Address:				City:				Country:	State:	Zip:		Telephone:	Email:		
Firm or Individual Name:																						
Address:																						
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Country:	State:	Zip:																				
Telephone:	Email:																					
I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>																						
SIGNATURE of Applicant or Assignee of Record																						
Signature																						
Name	Seymour Fein																					
Date	✓ <u>4/10/2007</u>	Telephone <u>1845 639-1820 ext 17</u>																				
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>																						
<input type="checkbox"/>	*Total of _____ forms are submitted.																					